

RELINQUISHMENT Out of State (Birth Mother and/or Presumed Father)

Upper Section of this Form is to be completed and Signed by
California Agency Prior to Sending Out of State.

On this _____ day of _____, 19_____,

the _____
Agency Name

hereby signifies its willingness to accept the annexed relinquishment
and to accept said minor child for adoption.

By _____
Authorized Agency Official

I, the _____ of _____, a minor
We,

_____ child, born _____, _____, _____
SEX DATE CITY STATE

do hereby relinquish and surrender the said child for adoption to

☐ _____ ☐ CALIFORNIA STATE DEPARTMENT OF SOCIAL SERVICES
AGENCY NAME

ADDRESS ADDRESS

CITY STATE CITY STATE

TELEPHONE NUMBER TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code section 16130 to find homes for children and to place children in homes for adoption. I/we fully understand that when this relinquishment is filed with the headquarters office of the California Department of Social Services -- Adoptions Branch by said agency, all my/our rights to the custody, services and earnings of the said minor child and any responsibility for the care and support of the said minor child will be terminated.

The foregoing instrument was signed on _____ by the said
DATE

_____ in the presence of us,
who have signed the same as witnesses thereto.

Witness

Witness

STATE OF _____ }
County of _____ } ss.

On this _____ day of _____, 19_____, before me, _____
an authorized official of the _____

an organization licensed or otherwise approved to provide adoption services under the laws of _____,
personally appeared _____ known to me to be the person(s) ^{STATE} whose name(s)
is/are subscribed to the within instrument and acknowledged to me that he/she /they executed the same.

AUTHORIZED AGENCY OFFICIAL

TITLE